
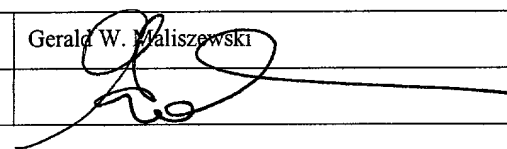


UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TRANS1100	C/M # 100980-165182
First Inventor or Application Identifier:	D. Ingle et al.	
Title:	System and Method for Creating a Clinical Resume	
Express Mail Label No.:	EL233 8951715US	
Application Elements (See MPEP chapter 600 concerning utility patent application contents)		ADDRESS TO: Assistant Commissioner For Patents BOX PATENT APPLICATION Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, & duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>38</u>] (preferred arrangement set forth below) <ul style="list-style-type: none"> • Descriptive title of the Invention • Cross References to Related Applications • Statement Regarding Fed sponsored R&D • Background of the Invention • Brief Summary of the Invention • Brief Description of the Drawings (if filed) • Detailed Description • Claim(s) • Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>5</u>] 5. <input checked="" type="checkbox"/> 2 (two) Oath or Declaration [Total Pages <u>6</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power Of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS/PTO 1449) <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment (___ pgs.) 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> Express Mail Certification 17. <input type="checkbox"/> Request And Certification under 35 USC 122(b)(2)(B)(i). Applicant must attach form PCT/SB/35 or its equivalent 18. <input checked="" type="checkbox"/> OTHER: Check # <u>465893</u> (\$ 539.00)
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: ___/_____ Prior application information: Examiner: _____ Group/Art Unit: _____		
18. CORRESPONDENCE ADDRESS		
<input checked="" type="checkbox"/> Customer Number (25548) Or Bar Code Label OR <input checked="" type="checkbox"/> Correspondence Address Below		 25548 PATENT TRADEMARK OFFICE
NAME	ATTN: Terrance A. Meador	
ADDRESS	GRAY CARY WARE & FREIDENRICH 401 B Street, Suite 1700 San Diego, California 92101 USA	
Telephone: 619/699-2652	General Fax No.: 619-236-2701	Patent Group Fax No.: 619/699-3452
Name (print/type)	Gerald W. Maliszewski	Registration No.: 38,054 (Attorney/Agent)
Signature		Date: 19 January 2001

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FJ 619-699-3452

FEE TRANSMITTAL

Attorney Docket No.	TRANS1100	100980-165182
First Named Inventor:	D. Ingle et al.	
Application Number	Unknown	
Filing Date:	Herewith	
Examiner Name:	Unknown	
Group/Art Unit:	Unknown	

TOTAL AMOUNT OF PAYMENT:	\$ 539.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 07-1895 Deposit Account Name: GRAY CARY WARE & FREIDENRICH</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>

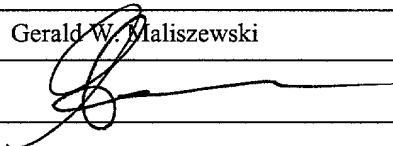
2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 710.00	\$355.00	\$ 355.00
Total Claims	36 - 20 =	16	X \$ 18.00	X \$ 9.00	\$ 144.00
Independent Claims	4 - 3 =	1	X \$ 80.00	X \$ 40.00	\$ 40.00
Multiple Dependent Claim(s) (if applicable)			\$ 270.00	\$135.00	\$ 000.00
Total of above Calculations =					\$ 539.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 320.00	\$ 160.00	\$ 000.00
Reissue filing fee	\$ 710.00	\$ 355.00	\$ 0.00
Provisional filing fee	\$ 150.00	\$ 75.00	\$ 0.00
Total of above Calculations =			\$

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	Gerald W. Maliszewski	Registration No.: (Attorney/Agent)	38,054
Signature		Date	19 January 2001